

CITY OF TORRANCE TORRANCE TRANSIT SYSTEM (TTS) Title II of the Americans with Disabilities Act Section 504 of the Rehabilitation Act of 1973 Discrimination Complaint Form



Please fill out this form completely.

Please print or type the information.

Please sign and return this form to the address shown below.

Complainant Name:	
Address:	
City, State, and Zip:	
Home Phone:	Cell Phone:
Email:	
Person discriminated against (if other than	complainant):
Address:	
City, State, and Zip:	
Home Phone:	Cell Phone:

Government, organization, or institution which you believe has committed a discriminating act:

Name:	
Address:	
City, State, and Zip:	
Home Phone:	Cell Phone:
Email:	
When did the discrimination of	cur?
Date:	Time:
Where did the discrimination o Location:	ccur?
numbers (if applicable):	of the incident including the bus and route

,	5	,			
Circle one:	Yes		No		
If yes, please pr	ovide the f	ollowi	ng informa	tion:	
Agency or Court:					
Contact Person:					
Address:					
City, State, and Z	Z ip:				
D	. 611	4 •			
Do you intend to	o file with a	inothe	r agency o	r court?	
Circle one:	Yes		No		
Agency or Court:					
Contact Person:					
Address:					
City, State, and Z	Zip:				
Additional space	e for answe	ers:			
					_
Signature:					
Date:					

Has the complaint been filed with the Department of Justice or any other Federal,

State, or local civil rights agency or court?

Return Form to:

City of Torrance Transit Department Attn: James Lee, Administration Manager 20500 Madrona Avenue Torrance, CA 90503 310.781.6924 voice | 310.618.6229 fax

transit.torranceca.gov jameslee@torranceca.gov